

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

1003- State File No. 10737

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 10737

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS Mo</u>	c. LENGTH OF STAY (In this place) <u>22 4/9</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3337 TEXAS</u>		d. STREET ADDRESS (If rural, give location) <u>3337 TEXAS</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTHEW</u> b. (Middle) <u>C.</u> c. (Last) <u>KREN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 14 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 7, 1867</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CLERK</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	

13a. FATHER'S NAME <u>PROKAP KREN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF WIFE, OR WIFE <u>EMMA KREN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EMMA KREN 3337 TEXAS</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular disease</u>		
	DUE TO (c) <u>Inferiority of age</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Heart</u>

22. I hereby certify that I attended the deceased from 2/20, 1950, to 12/14, 1950, that I last saw the deceased alive on 12/14, 1950, and that death occurred at 8:15 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward H. Stantel</u> (Degree or title) <u>D. O.</u>	23b. ADDRESS <u>1504 So Grand Blvd</u>	23c. DATE SIGNED <u>12/16/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 18 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rutie 2906 Marvick</u>
DATE REC'D BY LOCAL REG. <u>DEC 16 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5 to 7 pm
9 to 12 pm
Sun
Pr 6133

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James C. Hill

Signed

Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.